

OFFICE OF THE CHIEF OF POLICE

SPECIAL ORDER NO. 19

May 22, 2008

SUBJECT: REVISION AND ACTIVATION OF INFORMANT INFORMATION FORMS

PURPOSE: Recently, the Department Confidential Informant Coordinator (DCIC) revised several informant package forms. The existing forms were revised, creating a user-friendly version, in order to minimize errors while being completed. Also, two additional forms were created to assist officers with the documentation and management of informants. As a result, the Informant Information Form, Form 03.23.00, Informant Admonishment and Consent Search Form, Form 03.23.01, Exceptional Handling Report, Form 03.23.03, and the Informant Contact Form, Form 03.23.05, layout have been revised. In addition, this Order activates the Continuation Sheet, Form 03.23.10.

PROCEDURE:

I. INFORMANT INFORMATION FORM, FORM 03.23.00 - REVISED.

The Informant Information Form was revised to include the following:

- * In Section 35 (Motivation), the "Elimination of Competition" box has been eliminated; and,
- * In Section 37, a box for the investigating officer and person contacted serial number has been added.

The use, completion, and distribution of the form remains unchanged.

II. INFORMANT ADMONISHMENT AND CONSENT SEARCH FORM, FORM 03.23.01 - REVISED.

The layout of the Informant Admonishment and Consent Search Form has been revised. The use, completion, and distribution of the form remains unchanged.

III. EXCEPTIONAL HANDLING REPORT, FORM 03.23.03 - REVISED.

The Exceptional Handling Report was revised to include the following:

- * Section 2 is now titled "Initial Contact with the Informant";
- * Section 3 is now titled "Probation/Parole Status"; and,

- * Including the arrest history printout has been eliminated from Section 3.

The use, completion, and distribution of the form remains unchanged.

IV. INFORMANT CONTACT FORM, FORM 03.23.05 - REVISED.

The Informant Contact Form was revised to include the following:

- * Section 1 is now titled, "Contact/Case Info";
- * In Section 1 (Contact/Case Info), Item 1 requires at least one box to be checked;
- * In Section 2 (I/O / Search Information), Item 5, the "Cursory" box has been eliminated and replaced with a "Patdown" box and a "Driver's License Valid" box has been added;
- * In Section 3 (Information Received or Field Operation), Item 9, the "CI Working for Letter of Accomplishment" box has been added; and,
- * Section 4 is now titled, "Follow-Up Results."

The use, completion, and distribution of the form remains unchanged.

V. CONTINUATION SHEET, FORM 03.23.10 - ACTIVATED. The Continuation Sheet has been activated.

- A. Use of Form.** This form shall be used as a continuation sheet for both the Informant Contact Form and the Exceptional Handling Report.
- B. Completion.** The officer shall fill out the left-hand column as a continuation of the Informant Contact Form and the right-hand column as a continuation of the Exceptional Handling Report. Section numbers correlate to the numbers on the form for which it is a continuation.
- C. Distribution.** The Continuation Sheet shall be distributed the same as the Informant Contact Form and the Exceptional Handling Report.

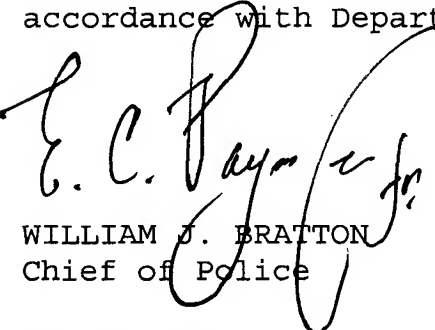
FORMS AVAILABILITY: The following forms will be available in LAPD Forms on the Department's Local Area Network (LAN):

- * The Informant Information Form;
- * Informant Admonishment and Consent Search Form;
- * Exceptional Handling Report;
- * Informant Contact Form; and,
- * Continuation Sheet.

Old versions shall be marked "obsolete" and placed in the Area/divisional recycling bin. Copies of the forms are attached for duplication and immediate use.

AMENDMENTS: This Order amends Department Manual Sections 5/3.23.00, 5/3.23.01, 5/3.23.03, 5/3.23.05 and adds Section 5/3.23.10.

AUDIT RESPONSIBILITY: The Commanding Officer, Narcotics Division, shall monitor compliance with this directive in accordance with Department Manual Section 0/080.30.



WILLIAM J. BRATTON
Chief of Police

Attachments

DISTRIBUTION "D"

INFORMANT INFORMATION FORM

Informant No.

(1) Primary Name (Last, First, M.I.)										(2) Date	
(3) Home Address					(4) Previous Address					(5) Res. Phone	
(6) Business Address										(7) Bus. Phone	
(8) Sex	(9) Descent	(10) DOB	(11) Hair	(12) Eyes	(13) Height	(14) Weight	(15) Observable Physical Oddities			(16) Pager No.	
(17) Birthplace (City/State/Country)					(18) CDL #		(19) CII #			(20) Mobile Phone	
(21) FBI #		(22) Main #			(23) SSN #			(24) ARN		(25) Other #	
(26) Vehicle Description										(27) Veh. License No.	
(28) Registered Owner Info. (Last, First, M.I.)										(29) Relation to Informant	

(30) Relatives/Associates (R/A) CS=Common Law Spouse; S=Spouse; P=Parents; C=Child; B=Brother; S=Sister; O=Other									
R/A	Name	Age	Businnes Name/Address						

(31) In case of emergency notify (relationship and phone number)	(32) Informant's Occupation
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(33) Informant's Previous Jobs/Employers

(34) Military Service
 Branch ☐ Army ☐ Marines ☐ Air Force ☐ Navy ☐ Coast Guard ☐ Other ☐ N/A

(35) MOTIVATION Check box that states motive.
☐ Monetary Compensation ☐ Letter of Accomplishment ☐ Revenge ☐ Other

(Explain if necessary)

(36) List all AKA's and monikers not posted in DMV, CCHRS, CII and FBI

(37) Officers Checklist (Requires the Name and Serial Number of the Contact and the I/O making the inquiry)

UNDESIRABLE CHECK					
(INVESTIGATING OFFICER)	SERIAL NO.	(PERSON CONTACTED)	SERIAL NO.	DATE	POS/NEG

ISD CHECK					
(INVESTIGATING OFFICER)	SERIAL NO.	(PERSON CONTACTED)	SERIAL NO.	DATE	POS/NEG

(38) Investigating Officer (Print/Sign/Serial No.)	Date	(39) Investigating Officer's Supervisor (Print/Sign/Serial No.)	Date
Print:		Print:	
Sign:		Sign:	
Serial No:		Serial No:	
(40) OIC Reviewing (Print/Sign/Serial No.)		(41) Commanding Officer (Print/Sign/Serial No.)	
Print:		Print:	
Sign:		Sign:	
Serial No:		Serial No:	

INFORMANT ADMONISHMENT AND CONSENT SEARCH FORM

This document memorializes the agreement between the Los Angeles Police Department (LAPD) and the informant. The managing officer and informant shall review all of the provisions of this document and both shall sign and date this document in the indicated spaces below.

1. INFORMANT NAME (PRINTED): _____
2. The managing officer shall advise the informant of the following:
 - The informant shall not violate any criminal laws in providing services/investigative assistance to the LAPD;
 - In the event that the informant is arrested during active status as a LAPD informant he/she shall be deactivated immediately;
 - The informant has no official status as an agent or employee of the LAPD;
 - The LAPD will attempt to protect and preserve the confidentiality of the informant; however, the informant's identity may be disclosed pursuant to a court order;
 - Any information provided by the informant may be used in a criminal investigation; and,
 - The informant shall not possess or buy any narcotics, guns or other contraband without the supervision of a concerned investigating officer.

If an informant is used during any field investigation:

- The informant and his or her personal property/vehicle may be searched if the investigation necessitates a search; and,
- The informant may be strip-searched or given a visual body cavity search if the case involves a narcotics investigation. If applicable, same sex of the Confidential Informant (CI) is required.

Note: If the informant does not understand the language of the consent form, an officer who is qualified to translate shall present the form. The translating officer's name, serial number and date of assistance shall be documented on the form.

By signing this document, the informant freely and voluntarily consents to the above provisions and requirements.

3. INFORMANT SIGNATURE: _____ DATE: _____

*****INFORMANT'S SIGNATURE WILL SUFFICE AS SIGNATURE FOR PAYMENT COMPARISON*****

4. OFFICER'S SIGNATURE: _____ SERIAL NO.: _____ DATE: _____

5. SUPERVISORY SIGNATURE: _____ SERIAL NO.: _____ DATE: _____

6. TRANSLATOR: _____ SERIAL NO.: _____ DATE: _____

(If applicable)

1. Date of Report

INFORMANT NO.

EXCEPTIONAL HANDLING REPORT

2. Initial contact with the Informant:

- ☐ New Package ☐ Re-activation (Brief explanation) _____
☐ Introduction (Officer or Agent that made introduction and date) _____
☐ In person contact/date _____
☐ Arrest (Date of arrest and charge) _____
☐ Case Filed _____ ☐ D/A Reject _____ ☐ C/A Reject _____
☐ Other (explain on page two) _____

3. Probation/Parole status:

- ☐ Formal Probation ☐ Summary Probation ☐ Mission doesn't conflict with probation conditions ☐ Amended conditions
☐ Court/Division where conditions amended _____
☐ Date conditions amended/Name of Judge _____
☐ Parole/Probation Officer Contacted (date/person contacted) _____ Approved ☐ Yes ☐ No
☐ Other (explain on page two) _____
☐ N/A (CI not on Probation) _____ ☐ N/A (CI not on Parole) _____

4. Nature of Handling request:

- ☐ Supervisor meeting with CI:

Name _____ Rank _____ Serial No. _____ Date _____

CONTINUE TO COMPLETE THIS SECTION IF CI IS WORKING FOR A LETTER OF ACCOMPLISHMENT

- ☐ Approved by Judge, D/A & P/D
 (indicate names, division and date of approval) _____

5. Past accomplishments and future expectations:

- ☐ CI has no past accomplishments ☐ CI has prior police assistance
 Name of Agency _____ Name of Officer _____
☐ Results _____
☐ CI expected to provide information on criminal activity and possibly participate in field operations to gather intelligence and make controlled buys
☐ Other (explain on page two) _____

6. Officer/Detective		7. Supervisor (Sgt, DII or DIII)		8. Lieutenant	
Print:		Print:		Print:	
Sign:		Sign:		Sign:	
Serial No.:		Serial No.:		Serial No.:	
Date:		Date:		Date:	
9. Divisional Commanding Officer <u>(OUTSIDE ND)</u>			10. Commanding Officer, Narcotics Division <u>(FINAL)</u>		
Print:			Print:		
Sign:			Sign:		
Serial No.:			Serial No.:		
Date:			Date:		

INFORMANT CONTACT FORM**SECTION 1 (MANDATORY)****CONTACT/CASE INFO****(1) (must check at least one box)**

- ☐ Meet
☐ Telephonic
☐ Administrative

Date & Time: _____

(2)

- ☐ Supervisor Notified
 Name/Rank/Serial No. _____

☐ Prior ☐ After ☐ N/A

(3) (must check at least one box)

- ☐ BKG No. _____
☐ DR No. _____
☐ Prior connected contact

Date _____

☐ N/A**SECTION 2 (IF APPLICABLE)****I/O / SEARCH INFORMATION****(4) I/O INFO**

- ☐ Controlling Officer (Name/Serial No.) _____
☐ Partner Officer (Name/Serial No.) _____

Searching Officer (list below or mark N/A)

- ☐ MALE OFFICER (Name/Serial No.) _____
☐ FEMALE OFFICER (Name/Serial No.) _____
☐ N/A

(5) SEARCH INFO

- ☐ CI Searched ☐ N/A
☐ Pre ☐ Strip ☐ Pat Down ☐ Visual
☐ Post ☐ Strip ☐ Positive ☐ Negative
☐ Pat Down ☐ Visual
☐ Positive ☐ Negative

- ☐ Veh Searched ☐ N/A **Driver's License Valid**
☐ Pre ☐ Positive ☐ Negative ☐ Yes
☐ Post ☐ Positive ☐ Negative ☐ No

SECTION 3 (IF APPLICABLE)**INFORMATION RECEIVED OR FIELD OPERATION****(6) INFORMATION ONLY:** ☐ Narcotics ☐ Gangs ☐ Vice ☐ Firearms ☐ Robbery ☐ Homicide ☐ Other _____

Brief Explanation: _____

(7) FIELD OPERATION: (Use Informant Continuation Form, 03.23.10, for multiple locations.)☐ Controlled Buy(s) for ☐ Narcotics ☐ Weapons ☐ Other _____**Results:** ☐ Positive Contraband Purchased _____ ☐ Negative Reason: _____☐ Other Field Operation: _____☐ Location(s): _____**(8) Amount spent on contraband** _____ **CI Payment** _____ **Total** _____ ☐ N/A**(9) Method of payment if CI was paid at the conclusion of the field operation:**☐ CI Will Be Paid at the Conclusion of the Investigation ☐ CI working for Letter of Accomplishment☐ See Attached Payment Chit ☐ Other _____ ☐ N/A**SECTION 4 (IF APPLICABLE)****FOLLOW-UP RESULTS****(10)** ☐ Search Warrant ☐ Consensual Stop ☐ Buy Bust ☐ Long Term Inv. ☐ S/W Pending ☐ Other

Date: _____ Location: _____

(11) Total Arrests: _____ **Primary Name:** _____ **Bkg No.:** _____**LIST SEIZURE AMOUNTS:**☐ Narco ☐ Guns ☐ Money ☐ Other ☐ None**(12)** ☐ Met with CI for payment only (See attached Chit) Amount Paid _____**SECTION 5 (MANDATORY)****APPROVAL SECTION**

	<i>Print</i>	<i>Signature</i>	<i>Serial Number</i>	<i>Date</i>
Officer/Detective:				
Supervisor (Sgt./ Detective Supervisor):				
OIC/Lieutenant:				
Div. C/O Outside ND:				
ND C/O:				

CONTINUATION SHEET**INFORMANT CONTACT FORM and the EXCEPTIONAL HANDLING REPORT**

This form is to be used as a continuation sheet for the Information Contact Form 03.23.05 and for the Exceptional Handling Report (EHR) 03.23.03. Fill out the left-hand column if this is a continuation of Form 03.23.05, and the right-hand column if this is a continuation of Form 03.23.03. Section numbers correlate to the numbers on the form for which it is a continuation.

Contact Form Section 3 (continued):**EHR Section 2 (continued):****Contact Form Section 4 (continued):****EHR Section 3 (continued):****Contact Form: Administrative****EHR Section 5 (continued):****Immediate Supervisor Initials****Serial No.**